

**Oregon DHS - Drinking Water Program - Turbidity Reporting Form**

System Name: city of Waldport ID #: 41 00926 Month/Year: 06/23

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1	0.03	0.03	0.03	0.03	0.03	off	0.03	< 350
2	off	off	off	off	off	0.04	0.04	< 350
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
5	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
6	0.03	off	off	off	0.03	0.03	0.03	< 350
7	0.03	0.03	0.04	0.03	0.03	0.03	0.04	< 350
8	0.03	0.03	0.03	0.03	0.03	off	0.03	< 350
9	off	off	off	off	off	0.04	0.04	< 350
10	0.03	0.04	0.03	0.03	0.03	0.03	0.04	< 350
11	0.03	0.03	0.03	0.03	0.04	0.03	0.04	< 350
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
13	off	off	0.03	0.03	0.03	0.03	0.03	< 350
14	0.03	off	0.03	0.03	0.03	0.03	0.03	< 350
15	0.03	0.03	0.03	0.03	off	off	0.03	< 350
16	off	off	0.03	0.03	0.03	0.03	0.03	< 350
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
18	0.03	0.03	0.03	0.03	0.04	0.03	0.04	< 350
19	0.03	0.03	off	0.04	0.03	0.03	0.04	< 350
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
22	0.03	0.03	0.03	0.03	0.03	off	0.03	< 350
23	off	off	0.06	0.07	0.07	0.03	0.07	< 350
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03	< 350
30	0.03	off	0.03	0.03	0.03	0.03	0.03	< 350
31								4

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>		
95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl <sub>2</sub> residual measured in of distribution sample <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All turbidity readings < IFE triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b>		SIGNATURE: <u>Lyle T. Arrant</u>	DATE: <u>07/05/23</u>	
95% of turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No	All turbidity readings < 5 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>	

IFE = Individual Filter Effluent

Date / Time	Minimum Cl <sub>2</sub> Residual at 1' User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes
11/1630	0.9	360	324	16	7.5	15	Yes
21/0900	0.9	360	324	17	7.4	15	Yes
31/0945	0.9	360	324	16	7.5	15	Yes
41/0945	0.8	360	288	15	7.4	15	Yes
51/1800	1.0	360	360	16	7.4	15	Yes
61/1730	1.0	360	360	17	7.5	15	Yes
71/0915	0.9	360	324	16	7.5	15	Yes
81/1700	1.0	360	360	16	7.4	15	Yes
91/0850	0.9	360	324	16	7.4	15	Yes
10/16900	0.9	360	324	17	7.3	15	Yes
11/10840	0.9	360	324	16	7.4	15	Yes
12/11800	1.0	360	360	17	7.5	15	Yes
13/11030	1.0	360	360	16	7.5	15	Yes
14/1800	1.0	360	360	16	7.5	15	Yes
15/1500	1.0	360	360	18	7.5	11	Yes
16/10930	1.0	360	360	18	7.4	11	Yes
17/10900	1.0	360	360	17	7.5	15	Yes
18/10915	0.9	360	324	19	7.6	11	Yes
19/11730	1.0	360	360	18	7.5	11	Yes
20/1800	1.0	360	360	18	7.5	11	Yes
21/1600	1.0	360	360	19	7.5	11	Yes
22/10845	1.0	360	360	16	7.5	15	Yes
23/10915	0.9	360	324	16	7.4	15	Yes
24/10900	0.8	360	288	20	7.5	11	Yes
25/10845	1.0	360	360	18	7.4	11	Yes
26/1800	0.9	360	324	19	7.5	11	Yes
27/1600	0.9	360	324	19	7.5	11	Yes
28/11730	0.9	360	324	18	7.4	11	Yes
29/1800	1.0	360	360	19	7.5	11	Yes
30/1800	1.1	360	396	18	7.5	11	Yes
31/							